

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

0696835 AB

DOCUMENT # F02000003595

1. Entity Name
SHAW FACILITIES, INC.



05-06-2003 90034 020 ***150.00

Principal Place of Business
4171 ESSEN LANE
BATON ROUGE LA 70809

Mailing Address
4171 ESSEN LANE
BATON ROUGE LA 70809



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 82-0540781

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BARFIELD, T.A. JR	
STREET ADDRESS	8545 UNITED PLAZA BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	V	<input type="checkbox"/> Delete
NAME	GILL, RICHARD F	
STREET ADDRESS	8545 UNITED PLAZA BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BELK, ROBERT L	
STREET ADDRESS	8545 UNITED PLAZA BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUPUY, N. ANDREW JR	
STREET ADDRESS	8545 UNITED PLAZA BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAPIRO, DANIEL	
STREET ADDRESS	8545 UNITED PLAZA BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILD, DIRK	
STREET ADDRESS	8545 UNITED PLAZA BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	

TITLE	DIRECTOR, President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	4171 Essen Lane	
CITY-ST-ZIP	Baton Rouge LA 70809	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4171 Essen Lane	
CITY-ST-ZIP	Baton Rouge LA 70809	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4171 Essen Lane	
CITY-ST-ZIP	Baton Rouge LA 70809	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4171 Essen Lane	
CITY-ST-ZIP	Baton Rouge LA 70809	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary P. Graphia	
STREET ADDRESS	4171 Essen Lane	
CITY-ST-ZIP	Baton Rouge LA 70809	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: _____

CR2E034 (10/02)